agnosis, duration of disease, clinical and laboratory symptoms, procedures of dialysis and antianemic therapy). Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire. Inclusion criteria were age older than 18 years, terminal stage of chronic renal failure and treatment with dialysis more then 4 months. **RESULTS:** 1395 completed questionnaires were received by September, 2010. Mean age was 42 years. 45% patients reported chronic glomerulonephritis as a main reason of chronic renal failure, 22% - chronic pyelonephritis, 10% - diabetes, 8% - polycystic kidney disease, other diseases – 1,5%. Average level of hemoglobin was 107±16.2 g/l. 80% of patients reported that they got 12-14 procedures of dialysis during last month. The average length of one procedure was 4-5 hours just for 17% of patients, in other cases (80%) length of dialysis was shorter. Analysis of antianemic therapy has shown that 85% got erytropoetins and 70% - iron supplements. More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 42.5% of patients reported problems with mobility, 20% - difficulties with self-care; 58.7% - difficulties with usual activities; 67% - reported about pain or discomfort; 47% - reported about an anxiety or depression. The average value of quality of life evaluated with visual-analog scale (VAS) was 0.59 (SD 0.17), median – 0.6. **CONCLUSIONS:** Analyses of quality of life have demonstrated high rate of problem with usual activity and pain and discomfort and low rate of problem with self-service.

PSY43

HEALTH-RELATED QUALITY OF LIFE IN UKRAINE PATIENTS WITH HEREDITARY COAGULOPATHIES

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OBJECTIVES: To assess health status, treatment patterns and quality of life in patients with hereditary coagulopathies in Ukraine. **METHODS:** Postal health survey. Questionnaires were distributed in May - August 2009. Health-related quality of life was assessed with self-administrated validated version of Russian version of Euroqol-5D questionnaire. Comparison was made with data about health-related quality of life of Russian patients (P.Vorobeyv et. al., 2008, data of 1003 patients was used in analyses). Analysis of experimental data was performed with χ^2 criteria. **RESULTS:** 154 completed questionnaires were received by September, 2009. Health-related quality of life was assessed for patients older than 11 years (n = 142). More than half of patients reported problems within each of EQ-5D dimensions of health. Thus 88.8% of patients reported of problems (moderate and severe) with mobility (63.9% of Russian patients, $p<0.05$), 57.7% of patients inform of difficulties with self-care (35.5% of Russian patients, $p<0.05$); 81% of patients had difficulties with usual activity (61.9% of Russian patients, $p<0.05$); 90.9% of patients reported of presence of pain/discomfort (78.9% of Russian patients, $p<0.05$); 60.5% of patients had an anxiety or depression (54.2% of Russian patients, $p>0.05$). The average value of quality of life according to visual-analog scale was 0.44 (SD 0.22). **CONCLUSIONS:** The study of quality of life in patients with hereditary coagulopathies was performed for the first time in Ukraine. Results of the study shown high rate of problems all aspects of health-related quality of life. Ukraine patients with hemophilia have worse quality of life than Russian patients.

PSY44

PAIN MANAGEMENT: IMPACT ON QUALITY OF LIFE

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OBJECTIVES: The fight against pain, which represents a public health challenge and a criteria of the quality and development of a health system, above all aspires to meet objectives of humanity, ethics and human dignity. Physical pain and mental suffering experienced across all age groups renders those affected by illness even more vulnerable. Pain causes incapacity, handicap and considerable deterioration in the quality of life. Fighting against pain meets a legitimate expectation of every person. **METHODS:** To assess the quality of life in patients suffering from intense pain which has progressed since less than 7 days treated by a combination of paracetamol and codeine. A multi-centre longitudinal observational prospective study carried out in metropolitan France using data collected by general practitioners who agreed to participate. **RESULTS:** 574 patients treated by a paracetamol-codeine combination (600mg/50mg and 400mg/20mg) were included; at inclusion the quality of life assessed using SF-12 was affected as much in terms of the mental component (41.83 ± 7.92) as the physical component (35.88 ± 11.68) – the norm of the scores for each component is equal to 50 – on D7, the quality of life assessed in a similar manner using SF-12 was 43.31 ± 9.89 for the mental component and 40.93 ± 7.92 for the physical component. A statistically significant improvement was noted for each of the 2 mental ($p=0.0091$) and physical ($p<0.0001$) components between the first day of treatment and the 7th day. **CONCLUSIONS:** The improvement in quality of life observed directly through SF-12 was also confirmed by patient satisfaction: from the first day, 61% of patients declared themselves to be satisfied. On the 7th day of treatment, 87.10% were satisfied with their treatment.

PSY45

CHARACTERISTICS OF CAREGIVERS AND THEIR EXPERIENCE ASSOCIATED WITH CONGENITAL HEMOPHILIA OF INHIBITOR PATIENTS

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OBJECTIVES: Congenital hemophilia is a chronic disease diagnosed early in life in severe cases. Development of alloantibody inhibitors to exposure to replacement factor VIII and IX concentrates is the most serious treatment complication among patients. It is estimated that 900-1,200 patients have congenital hemophilia with inhibitors (CHwI) in the United States (US). Limited research exists to document the experience of their caregivers. **METHODS:** As part of a cross-sectional survey evaluating preservation of joint health and quality of life among CHwI patients in the US, caregivers' experience was assessed via the HAEMO-QoL instrument, containing an open-ended question capturing caregivers' burden. Responses were assessed for trends and consolidated into categories. Descriptive analyses were employed to evaluate caregivers' demographic characteristics and their burden with the disease. **RESULTS:** Questionnaires were received from 60 caregivers. Mean age of patients under care was 10.6 years (SD=10.3). 91.7% of patients under care had Hemophilia A and 68.3% had high-titer inhibitors. Unemployment as a result of caregiver responsibilities was reported by 28.1%. 31.7% reported having health insurance with a lifetime cap. Among these, 73.7% were "somewhat" to "very concerned" about reaching the cap. Among 55 HAEMO-QoL respondents 26.3% were "considerably" to "very much so" bothered by the patient's disease. A total of 159 open-ended responses were provided by 51 caregivers concerning their experience about living with hemophilia and its treatment: 22.6% highlighted emotional stress, 15.1% emphasized financial burden including work time, 12.0% involved lost time excluding work, and 11.3% involved medical management issues. **CONCLUSIONS:** One quarter of caregivers were "considerably" to "very much" bothered by the patient's condition. They reported emotional stress and financial burden as negative experiences dealing with hemophilia and its treatment. Medical management is also an area of concern. A caregiver's negative experience might impact children's HRQoL, which should be analyzed in future research.

PSY46

DISEASE SYMPTOMS, TREATMENT SATISFACTION, AND COPING STRATEGIES IN PATIENTS WITH LUPUS

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OBJECTIVES: The impact of lupus on patients' everyday lives is important to understand. We therefore investigated the perceptions of lupus patients on disease symptoms and coping strategies. **METHODS:** Participants (USA and Europe) completed a patient-led Internet-based questionnaire between April and May 2009. **RESULTS:** 914 respondents reported having lupus (95% female, 80% 20–50 years of age). The most common lupus symptoms reported were fatigue (92%) and arthritis, muscle pain/weakness or tendinitis (89%). Antimalarials were the most commonly used lupus treatment (53%), followed by corticosteroids (51%). Less than half of the respondents were satisfied/very satisfied with their current treatment (49%). Approximately one-third of respondents stated that lupus had a highly significant effect on their careers (37%), on their physical well-being (34%) and on everyday things (30%). Furthermore, approximately one-fifth of respondents felt that lupus had a highly significant effect on their social life (23%) and mental health (20%), while 11% reported it had a highly significant effect on their relationship with their family. Most patients reported talking to family (93%) and friends (89%) about lupus or sharing with them they had lupus (97% and 95%, respectively); 79% reported talking to others with lupus. 77% reported it was 'easy/very easy' to talk to their doctors about their symptoms. The most difficult symptoms to explain were depression (45%) and CNS problems (34%). The most helpful forms of support were understanding from family and friends (73%), ability to speak with healthcare professionals (63%), and being connected to other lupus patients via the Internet (50%). **CONCLUSIONS:** Lupus impacts greatly on patient's everyday lives with the most common symptom reported being fatigue. Many patients remain unsatisfied with their treatment. Communication with family members, friends, healthcare professionals and other lupus patients are important strategies to facilitate coping with lupus symptoms.

PSY47

WILLINGNESS TO PAY (WTP) FOR WEIGHT LOSS COACHING: RESULTS FROM THE POWER TRIAL

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OBJECTIVES: Efficacious medical or behavioral weight-loss programs are not routinely covered by insurance. Understanding how patients value weight loss interventions by assessing their willingness to pay (WTP) is critical to translating findings from effectiveness trials into practice. Upon completion of a randomized clinical trial comparing an in-person behavioral intervention to a phone/email/web-based intervention for weight-loss, we studied participants' WTP and characteristics associated with WTP for continuing these programs. **METHODS:** POWER Hopkins is an NHLBI-funded 24-month randomized clinical trial of weight loss comparing in-person vs. call center directed coaching interventions plus web-based education and tracking support. At the end-of-study visit, we interviewed participants and used double bound dichotomous-choice to assess their WTP. Using linear regression, we examined baseline characteristics (age, sex, income, race, education, and BMI) associated with WTP. **RESULTS:** Of the 234 adults completing the trial to date, 206 (88%) reported on WTP. Mean age was 57 years, 61% were women, 56.3% were White, mean BMI at baseline (2 years earlier) was 36.4 kg/m^2, 33% had graduate or professional degrees, 61% had annual family income >$75,000. Participants thought their intervention was worth $70.9 (95%CI 60.3-

81.4), and they were willing to pay $49.6/month (95%CI 44.8-54.3). Multivariate analysis identified race as a predictor of WTP: Whites reported mean WTP $18.2 (CI 8.0-28.3) less than African Americans. **CONCLUSIONS:** After completing a two year trial, the majority of participants in both groups were willing to pay similar rates to other commercially available weight loss products. The surprising racial differences in WTP seen in this high SES group need to be further examined when trial weight outcomes are available. After a free or fully subsidized period, it might be reasonable to implement a direct to consumer or cost sharing mechanism to better translate effective evidence-based weight loss interventions into practice.

Systemic Disorders/Conditions – Health Care Use & Policy Studies

PSY48

A WORKPLACE HEALTH PROGRAM FOR BRITISH COLUMBIA PUBLIC SERVICE AGENCY (CANADA)

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OBJECTIVES: To evaluate the My Health Matters! (MHM) program, a multifaceted workplace intervention relying on education and awareness, early detection and disease management with a focus on risk factors for metabolic syndrome. **METHODS:** The MHM program was offered to 2,000 public servants working in more than 30 worksites in British Columbia, Canada. The MHM program included a health risk assessment combined with an opportunity to attend an on-site screening and face-to-face call back visits and related on-site educational programs. Clinical and economic outcomes were collected over time in this one-year prospective study coupled with administrative and survey data. **RESULTS:** Forty three per cent of employees (N=857) completed the online HRA and 23 per cent (N=447) attended the initial clinical visit with the nurse. Risk factors for metabolic syndrome were identified in more than half of those attending the clinical visit. The number of risk factors significantly decreased by 15 per cent over six months (N=141). The cost per employee completing the HRA was $205 while the cost per employee attending the initial clinical visit was $394. Eighty-two per cent of employees would recommend the program to other employers. **CONCLUSIONS:** This study supports that workplace interventions are feasible, sustainable and valued by employees. As such, this study provides a new framework for implementing and evaluating workplace interventions focussing on metabolic disorders.

PSY49

PREDICTORS OF OBESITY TREATMENT (COUNSELING OR PHARMACOTHERAPY) IN AMBULATORY SETTINGS

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OBJECTIVES: One third of US adults are obese and it is projected that by 2030 half of US adults will be obese. The study aimed to identify predictors of obesity treatment in ambulatory care settings. **METHODS:** National Ambulatory Care Survey (NAMCS) 2006-07, a cross-sectional nationally representative data, was used for the study. A retrospective cohort study design was employed; obese adults, age>=20 years and BMI ≥ 30 kg/m^2 or having obesity diagnosis (ICD-9-CM code: 278), were include in the cohort. Obesity treatment included either obesity counseling (diet/nutrition, exercise, weight reduction) or pharmacotherapy (anorexiant or lipase inhibitor). Predisposing, enabling and need characteristics as per Anderson's behavioral model were included as predictor variables. Descriptive statistics and multivariate logistic regression were conducted to identify obesity treatment predictors while preserving complex survey design of NAMCS. **RESULTS:** Total of 214 million visits occurred during 2006-07 by obese adults; of which, 32.66% visits resulted in obesity treatment. Factors predicting obesity treatment were reason for visit, preventive visit (OR=2.23; 95% CI=1.50-3.32) and chronic visit (OR=1.93; 95% CI=1.46-2.55) compared to acute visit; time spent with physician, >24 minutes (OR=2.67; 95% CI=1.81-3.94) and 13-24 minutes (OR=1.89; 95% CI=1.26-2.82) compared to 0-12 minutes; high comorbidity (OR=1.46; 95% CI=1.13-1.89); morbidly obese adults i.e. BMI >40 (OR=1.88; 95% CI=1.52-2.34) and visit to primary care physician (OR=2.38; 95% CI=1.69-2.36) compared to specialist. Older adults aged≥ 65 (OR=0.98; 95% CI=0.97-0.99) and smokers (OR=0.52; 0.39-0.69) had less likelihood of receiving obesity treatment. Gender, race, region and insurance status were not significant predictors of obesity treatment. **CONCLUSIONS:** Only one third visits resulted into obesity treatment. Reason for visit, time spent with physician, comorbidity, BMI >40, provider specialty, age and nonsmoking status were significant predictors of obesity treatment. Future research should identify reasons for these observed differences and efforts should be taken to deliver equitable access.

PSY50

PRESCRIPTION MONITORING PROGRAMS' UTILIZATION

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OBJECTIVES: Prescription monitoring programs (PMPs) have been purported to be an effective tool to combat prescription drug abuse. However, utilization rates of PMP data by health care practitioners is relatively low. The objectives of this study were to determine 1) the rates of PMP request by professional affiliation per 100,000 population; 2) determine differences in rates of requests based on PMP accessibility (online vs. other); 3) if differences exist in professional affiliation rates of requests per 100,000 population by PMP housing agency (law enforcement agency vs. health profession); 4) collect data on annual operating costs of PMPs per 100,000 population. **METHODS:** This was a cross sectional study employing a web based survey. The survey was emailed to the 33 operational state PMP administrators during December 2010. Descriptive statistics were used to describe PMP structure and utilization rates. T-tests and Manova were used to determine the associations between rates of request and PMP features. **RESULTS:** The preliminary response rate was 27%. Prescribers accessed PMP data most frequently among all authorized users, mean requests = 1,764, SD=3,106. Pharmacist mean requests = 171, SD=220. The T-tests results indicate that there is a statistically significant lower request rate for PMP data when housed by law enforcement administration, (t = 2.5, p = .04). On average PMP annual costs were $8,146 per 100,000 population. **CONCLUSIONS:** Based on preliminary results, the PMP housing entity has an impact on health care professionals' utilization. Online accessibility is also associated with an increase in requested data reports by health care professionals. More research is needed to determine other factors associated with PMP utilization by prescribers and pharmacists.

PSY51

EFFECTIVENESS OF FDA'S NEW OVER-THE-COUNTER ACETAMINOPHEN LABEL WARNING REQUIREMENTS IN IMPROVING CONSUMER RISK PERCEPTION OF LIVER DAMAGE

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OBJECTIVES: The purpose of this study was to evaluate the effectiveness of the new FDA mandated over-the-counter (OTC) acetaminophen organ-specific label warnings, on: 1) consumer risk perception of liver damage associated with acetaminophen use and 2) behavioral intention to perform protective behavior. **METHODS:** In this within-subject experimental study, English-speaking adults visiting OTC segments of selected pharmacy stores in Houston were conveniently recruited. Participants were randomly exposed to both old and new label warnings and their respective risk perception (measured on a visual analog scale, 0%, no risk, – 100%, extreme risk) and behavioral intention (measured on a 7-point Likert scale) were recorded using a validated, self-administered questionnaire. Descriptive statistics and non-parametric Wilcoxon signed-rank tests were performed using SAS statistical software (v9.2) at a priori significance level of 0.05. **RESULTS:** A total of 200 responses were collected with a response rate of 56.81%. Mean age of the sample was 42.68 (SD 15.30) years; 48.5% of respondents were male and 52.7% were whites. A majority of respondents (74.4%) were not aware of the new warnings; however, a majority (67.8%) had prior knowledge of the risk. The mean risk perception score for the new label warnings was found to be significantly higher (72.2% vs. 65.9%, p<.0001) as compared to that of the old label warnings. Similarly, the average intention score for the new label warnings was found to be significantly higher (5.06 vs. 4.86, p<.0001) than that of the old label warnings. **CONCLUSIONS:** The results of this study indicate that the new label warnings mandated by FDA may be effective in improving consumer risk perception of potential liver damage and may encourage protective behavior. Future studies are essential to identify the impact as actual changes in consumer behavior and subsequent reduction in acetaminophen-related morbidity and mortality.

PSY52

POTENTIAL DRUG-DRUG INTERACTIONS (DDIS) WITH PAIN MEDICATIONS AMONG PATIENTS WITH BACK AND NECK PAIN DIAGNOSES CATEGORIZED INTO NOCICEPTIVE, NEUROPATHIC OR MIXED PAIN COHORTS

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OBJECTIVES: To describe the potential for drug-drug interactions (DDIs) among patients with neck and back pain diagnoses categorized into neuropathic (NEURO), neuropathic and nociceptive(MIXED), nociceptive only (NOCI)or osteoarthritis (OA) cohorts. **METHODS:** The PharMetrics US National managed care database was used to identify commercially insured patients 18 to 63 years of age with at least one claim for an opioid analgesic and a pre-existing study-related diagnosis, who were continuously eligible for services from 9/1/2006-8/31/2008. Patients who had nursing home care claims, drug/alcohol abuse, malignancy, and spine procedures, or pregnancy-related diagnoses were excluded. Over the 2-year study period, the frequency of patients with at least 10 days of simultaneous availability of pain or pain-related prescriptions and medications that are known inhibitors or inducers of the cytochrome P450 (CYP) metabolic pathway was examined. **RESULTS:** The analysis identified 2,375 NEURO, 37,019 MIXED, 39,496 NOCI, and 6,124 OA patients. A high prevalence of coexisting medical conditions was found in all cohorts with 40%-74% of patients having diagnoses in at least 8 different disease categories. Based on the 10-day simultaneous drug availability criterion, the potential for DDIs were identified in 26% of all patients during the 2-year observation period. This percentage was highest in the MIXED cohort (31%) and lowest in the NOCI cohort (20%). Overall, potential inhibitor interactions were found in 20% of patients and potential inducer interactions were found in 11%. The CYP-2D6 substrates tramadol and oxycodone were the most frequent potential inhibitor interactions (5.6% and 5.9% of patients, respectively). Potential inducer DDIs were most commonly found in the CYP-1A2 pathway (8% of patients). **CONCLUSIONS:** Potential DDIs are common among patients taking pain medication. Coexisting medical conditions and their treatment, and variations in the metabolism of different pain medications contribute to the complexity of selecting analgesics that would be expected to effectively treat pain.